

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

UTAH  
FILED

14 JUN 11 PM 3:51

RECEIVED  
FLORIDA

300261178273  
06/12/14--01002--001 \*\*908.75

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/4/1991

5. FEI Number

59-3048417

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 523708

1. Corporation Name

SOUTHEAST DIGITAL NETWORKS, INC.  
1560 CAPITAL CIRCLE N.W.  
TALLAHASSEE, FL 32303

2. Principal Office Address - No P.O. Box #

1560 CAPITAL CIR. NW

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#16

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32303

Country

LEON

Zip

Country

7. Name and Address of Current Registered Agent

Name

RODNEY WATTS

Street Address (P.O. Box Number is Not Acceptable)

1560 CAPITAL CIRCLE N.W.

Suite, Apt. #, Etc.

#16

City

TALLAHASSEE, FL

State

FL

Zip Code

32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Rodney Watts

REGISTERED AGENT MUST SIGN

Date 6/11/14

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	RODNEY WATTS	4111 RIVERWOOD RD.	TALLAHASSEE, FL 32303
SEC	RODNEY WATTS		

10. E-mail Address: RODNEYW@SDN.FLORIDA.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Rodney Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/11/14

PA 6/11/14